

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1122
Registrar's No. 53

1. Place of Death: (a) County Graham (b) City or Town Pima (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 32; In Arizona 32
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Pima
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Albert F Saline (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married
White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (b) Name of husband or wife Elda Saline 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Oct 18 1865
(Month) (Day) (Year)
8. AGE: Years 74 Months 10 Days 24 If less than one day hrs. _____ min. _____
9. Birthplace _____ (City, town or county) (State or Country) Utah

10. Usual Occupation Farmer
11. Industry or Business _____
12. Name John Saline
13. Birthplace Finland (City, town or county) (State or Country)

14. Maiden Name Susan Osborn
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Jama B Saline
(b) Address Jama B Saline

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date Sep 22 1948

18. (a) Embalmer's Signature _____
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz

19. (a) Oct 9th 1944 (Date received from Registrar)
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 17 1948
TIME (Hour and minute) 11-55 A.M.
21. I hereby certify that I attended the deceased from 2-26
1943 to 9-16-1948
that I last saw him alive on 9-16-1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Myocardial Infarction
Due to Atherosclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature [Signature] Address Safford Date signed 9-28